Docket No.: Q-89022

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AN ANGIOGRAPHIC SYRINGE SUPPORT DEVICE AND COMBINATIONS COMPRISING THE DEVICE

- INTINIOIO OIGII III O DIIIGITO	E COLLOIG DEVICE.	n ib combination con	WITEDITO THE BETT	
TOGETHER DIETAN	ANGIOGRAPHIC SYR	NGE AND AN ANGIOGRA	APHIC INJECTOR	
the application of which is attached hereton CT 0 7 2005	OR W wa Numb	s filed on January 15, 2004 er PCT/FR2004/000075 rmation No (i	as PCT International), and was amende f applicable).	
I hereby state that I have reviewed and une by any amendment specifically referred to		he above identified applicati	on, including the claim	s, as amended
I acknowledge the duty to disclose info continuation-in-part application(s), materia the national or PCT international filing date	l information which beca	ame available between the fi	ned in 37 CFR 1.56, ling date of the prior a	including for pplication and
I hereby claim foreign priority under 35 Unbreeder's rights certificate(s), or 365(a) of United States of America, listed below an inventor's or plant breeder's rights certification on which priority is claimed.	any PCT international ap ad have also identified be	oplication(s) which designate elow, by checking the box,	ed at least one country any foreign application	other than the n(s) for patent,
Prior Application Number(s)	Country	Filing Date	Priority Cla Yes	aimed No
03 00 927	FRANCE	January 28, 2003	\square	
I hereby claim benefit under 35 United Star	tes Code 8119(e) of any I	Inited States provisional app	lication(s) listed below.	
Application Number(s)		Filing Date		
I hereby claim benefit under 35 United Sapplication(s) designating the United State not disclosed in a listed prior United States United States Code, §112, I acknowledge defined in 37 C.F.R. 1.56 which occurred date of this application:	s, listed below and, insof s or PCT International appermy duty to disclose an	ar as the subject matter of eaplication in the manner proving information material to the	ch of the claims of this ded by the first paragra se patentability of this	s application is uph of Title 35, application as
Prior U.S. or International Application Num	ber(s) U.S. or	International Filing Date	Statu	s
I hereby appoint all attorneys of SUGHR my attorneys to prosecute this application therewith, recognizing that the specific at	UE MION, PLLC who	o are listed under the USPT	O Customer Number s	hown below as

PATENT TRADEMARK OFFICE

the same USPTO Customer Number.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:					
Given Name /-W (first and middle [if any]) Fabrice Family Name or Surname BONACCI					
Inventor's Signature Date September 23, 2005					
Residence: City ST. PRIEST	State	Country FRANCE	Citizenship FRANCE		
Mailing Address: 13 rue Charles Ravat - 69800 ST PRIEST - FRANCE					
City ST PRIEST NAME OF SECOND INVENTOR:	State	Zip 69800	Country FRANCE		
Given Name (first and middle [if any]) Family Name or Surname			· ;		
Inventor's Signature			Date		
Residence: City	State	Country Citizenship			
Mailing Address:	<u> </u>				
City	State	Zip	Country		
NAME OF THIRD INVENTOR:					
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City	State	Country Citizenship			
Mailing Address:					
City	State	Zip	Country		
NAME OF FOURTH INVENTOR:					
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City	State	Country Citizenship			
Mailing Address:					
City	State	Zip Country			
NAME OF FIFTH INVENTOR:					
Given Name (first and middle [if any]) F		Family Name or Surname			
Inventor's Signature		Date			
Residence: City	State	Country Citizenship			
Mailing Address:					
City	State	Zip	Country		

JC03 Rec'd PCT/PTO 07 OCT 2009 CT





PATENT APPLICATION Q-89022

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Fabrice BONACCI

Appln. No.: 10/542,989

PCT/FR2004/000075,

Filed: January 15, 2004

Confirmation No.: NOT YET KNOWN

Filed: July 21, 2005 Examiner: NOT YET KNOWN

For: AN ANGIOGRAPHIC SYRINGE SUPPORT DEVICE AND COMBINATIONS COMPRISING THE DEVICE TOGETHER WITH AN ANGIOGRAPHIC SYRINGE AND AN ANGIOGRAPHIC INJECTOR

SUBMISSION OF SUBSTITUTE DECLARATION

MAIL STOP PCT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicant submits herewith a Substitute Declaration and Power of Attorney where the name of the inventor is correctly listed as Fabrice Bonacci and not Bonnacci as indicated on the Declaration filed with the National Stage Entry papers on July 21, 2005.

It is respectfully requested that the Official Filing Receipt reflect the correct spelling of Fabrice Bonacci.

SUGHRUE MION, PLLC 2100 Pennsylvania Avenue, N.W. Washington, D.C. 20037-3213

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(202) 663-7901

WASHINGTON OFFICE

23373
CUSTOMER NUMBER

Date: October 7, 2005

/// 4///

Respectfully submitted,

Íohn H. Mion√

Régistration No. 18,879